



CB-LIGHT-3

EXHIBIT E

I: State Information**State Information****Plan Year**

Start Year:

2012

End Year:

2013

State DUNS Number

Number

806418257

Extension

I. State Agency to be the Grantee for the Block Grant

Agency Name

Division of Mental Health and Addiction Services

Organizational Unit:

Mailing Address

Capital Center, 50 East State Street, PO Box 727

City

Trenton

Zip Code

08625

II. Contact Person for the Grantee of the Block Grant

First Name

Lynn

Last Name

Kovich

Agency Name

Division of Mental Health and Addiction Services

Mailing Address

Capital Center, 50 East State Street, PO Box 727

City

Trenton

Zip Code

08625

Telephone

609-777-0711

Fax

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Email Address

Lynn.Kovich@dhs.state.nj.us

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

7/1/2010

To

6/30/2011

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name

Dona

Last Name

Sinton

Telephone

609-633-2243

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Email Address

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Footnotes:

B. Planning Step 1: Assess the strengths and needs of the service system to address the specific populations

Overview of the Department of Human Services

The New Jersey Department of Human Services (DHS) serves more than one million of New Jersey's most vulnerable citizens, or about one of every eight New Jersey residents. DHS serves individuals and families with low incomes, people with mental illnesses, developmental disabilities, late-onset disabilities; the blind, visually impaired, deaf, hard of hearing, or deaf-blind. In addition the Department serves parents needing child care services, child support and/or healthcare for their children; as well as families facing catastrophic medical expenses for their children.

DHS serves as the umbrella organization to the following Divisions: Commission for the Blind and Visually Impaired; Division of the Deaf and Hard of Hearing; Division of Developmental Disabilities; Division of Disability Services; Division of Family Development, Division of Medical Assistance and Health Services; and the newly merged Division of Mental Health and Addiction Services (DMHAS). DHS and its operational Divisions strive to assist, support and improve the lives of individuals and families in need. The placement of these seven Divisions within one organization allows for ease of cross-divisional planning and collaborations.

The Division of Mental Health Services and the Division of Addiction Services began their merger in SFY 2011 and have formally been joined together as the Division of Mental Health and Addictions Services (DMHAS). The SMHA and the SSA are in the initial planning stages of the merger and are working with DHS to establish the basic framework for the merger i.e. co-locating space and human resources. The merger will provide an opportunity to integrate mental health and co-occurring disorders treatment at all levels of service in an efficient and coordinated manner from the statewide and regional level to the local levels, thus enhancing access to services, coordination of services, alignment of policies and contracts, and workforce development efforts. In addition, a new Assistant Commissioner has been appointed to lead the combined Division. We are fortunate to have a former provider, and member of the Mental Health Planning Council, now serving as our Assistant Commissioner.

DHS works to maximize resources, establish community resources, and expand procedures and programs for accountability and continuous quality improvement across the Department. DHS also provides many support systems for the families served by the Division of Children and Families (DCF). Interdivisional and Interdepartmental Collaboration between DMHAS and the Division of Child Behavioral Health Services (DCBHS) in DCF is frequent. Executive Staff from each division have collaborated to make system recommendations for youth with mental illness and families currently served in DCBHS whose youth "age out" into the adult system. Recommendations were made in the form of policies, procedures and protocols that will ensure a seamless transition of youth and their families to all adult mental health services. Youth with substance abuse disorders are currently served through Memorandum of Understanding between the SSA and DCF/DYFS. In addition, several staff from DCBHS attends monthly Mental Health Planning Council meetings in order to better coordinate services.

use and abuse puts children in military families and communities at increased risk for underage drinking.

The SSA's most recent Household Survey also included a set of questions on substance use among New Jersey Veterans. This information, in combination with that found in NJSAMS on Veteran status, will help to better inform the SSA on the treatment needs for this population.

HIV. The SSA expends 5% of its SAPT Block Grant award to support the HIV Early Intervention Services (EIS) Initiative including 17 funded providers at 18 sites. Of these, the South Jersey Drug Treatment Center provided access to HIV EIS services to substance abuse clients residing in a rural area, defined as a census place of less than 2,500 residents, consistent with SAPT Block Grant requirements. Funding for these early intervention services allowed clients to receive some or all of these services, either provided on-site at the substance abuse treatment facilities, facilitated by the substance abuse treatment provider at a nearby medical facility in the community or provided at a combination of both of these settings.

Adolescents. The SSA convened an Adolescent Task Force in 2009 to identify strengths, opportunities and challenges in adolescent substance abuse treatment and to recommend changes and improvements to service delivery, systems and workforce. Recommendations identify actionable goals and steps that can be utilized to transform and enhance the adolescent treatment system. A Report of the findings can be found at http://www.state.nj.us/humanservices/das/boards/atf/ATF_Feb2011.pdf.

Women and Women with Dependent Children. The SSA is a nationally recognized leader in women's services. The SSA continues to address this population, as evidenced by the SSA being awarded an In-Depth Technical Assistance (IDTA) grant by the National Center on Substance Abuse and Child Welfare to improve outcomes for children and families involved with child welfare, substance abuse and the courts by the. The SSA will continue to work with DCF's Division of Youth and Family Services (DYFS) and AOC to facilitate systems change and move towards having a shared role in achieving safety, permanency, and well being outcomes for substance abusing families.

The State Mental Health Authority

Overview of State's Behavioral Health System – Adult Mental Health Services

The Division of Mental Health and Addiction Services (DMHAS) is the state mental health authority (SMHA) that oversees the State's public system of adult mental health services. The SMHA operates four non-forensic, regionally-based, adult psychiatric hospitals, one adult forensic hospital, and contracts with approximately 120 not-for-profit community provider agencies. In addition to its network of state psychiatric hospitals and contracted community providers, there are also six county-operated psychiatric facilities which operate as part of the continuum of services and receive most of their funding from the SMHA.

The State of New Jersey is comprised of 21 counties which are organized into three mental health service regions; North, Central, and South. Each county has a Mental Health Board that is

are accessible on site at the hospitals, some community programs, and in homeless shelters. The SMHA funds approximately 68 APN positions. The State hospitals are responsible to ensure that consumers receive all necessary medical treatment (including mammography, dental care, etc). Some of the state and county hospitals have dental offices within their facilities.

ICMS works collaboratively with the consumer, their family/significant others (as appropriate) and other collateral contacts to assesses the individual's strengths and needs, develop a service plan based on this assessment, refer and link individuals to needed services and monitor their engagement in services.

Rehabilitation services are provided within partial care and include engagement strategies that are designed to connect with individuals in order to enter into therapeutic relationships supportive of the individual's recovery. Activities to assist a consumer to identify, achieve and retain personally meaningful community integration and other personal goals over time which help the person resume normal functioning in valued life roles in self-chosen community environments.

Adult educational activities are tied to the learning of daily living or other community integration competencies such as financial literacy and basic computer literacy. These services also include a referral to supported education programs for post secondary education as well as linkage to GED and other adult education programs. Some of the other services provided include:

- Coping skills, adaptive problem solving, and social skills training that teach individuals strategies to self-manage symptoms;
- Psycho-education that provides factual information, recovery practices, including evidence-based models,
- Development of a comprehensive relapse prevention plan that offers skills training and individualized support;
- Medication self-management, behavioral tailoring, simplifying a consumer's medication regimen, and motivational interviewing assist and support consumers in adhering to their medication regimens;
- Wellness activities that are consistent with the consumer's self-identified recovery goals. Wellness activities may address common physical health problems, such as tobacco dependency, alcohol use, sedentary lifestyle and lack of physical exercise, and overeating and/or poor nutrition including connection to primary medical and dental services;
- Skill development needed for consumer-chosen community environments, facilitating consumer-directed recovery and re-integration into valued community living, learning, working and social roles by developing critical competencies and skills; and
- Age-appropriate learning activities which are directly tied to the learning of daily living or other community integration competencies such as financial literacy, learning basic computer literacy, and recognition of directions and safety warnings.

Description of Regional, County and Local Entities that Provide Behavioral Health Services, and a Description of How These Systems also Address the Needs of Diverse Racial, Ethnic, and Sexual/Gender Minorities

EXHIBIT F



Summaries of Revenues, Expenditures and Fund Balances

This section provides an overview of the major revenue assumptions incorporated in the Governor's Budget recommendations. The tables included in this section highlight the State's major revenue sources, such as the income tax, sales tax, corporate tax, etc. and provide projections for the upcoming fiscal year.

REVENUES & EXPENDITURES

SUMMARIES OF REVENUES, EXPENDITURES AND FUND BALANCES

The basis of budgeting in New Jersey is in accordance with generally accepted accounting principles (GAAP) for governments as it applies to financial statements prescribed by the Governmental Accounting Standards Board (GASB) with certain exceptions. Governmental GAAP is followed in the preparation of the financial statements section of the State's audited Comprehensive Annual Financial Report (CAFR). In accordance with Governmental GAAP, revenues are estimated and recognized when they can be accrued; that is, when they become both measurable and available to finance expenditures of the fiscal period for governmental type funds. Proprietary type funds and fiduciary type funds (Private Purpose Trust Funds) recognize revenues when they are earned.

Appropriations are recommended at a level sufficient to recognize all accrued expenditures applicable to the fiscal period. Goods and services delivered during a fiscal period are accrued as expenditures if not actually paid for by year end. Note that the use of the term "expended" to report the most recent actual year activity in this budget is not in strict accordance with GAAP, in that this amount includes encumbrances which under GAAP are reservations of fund balance. In addition, under GAAP certain grants and other financial assistance programs are required to be recorded as revenues and expenditures but are not part of the budget. The schedules and exhibits contained in this section provide both summary and detailed financial information for all funds maintained by the State. Individual funds are grouped into one of the following categories--General State Funds, Special Revenue, Capital Projects, Proprietary, and Private Purpose Trust Funds.

GENERAL STATE FUNDS include the General Fund, Property Tax Relief Fund, Casino Revenue Fund, Casino Control Fund, and Gubernatorial Elections Fund.

The General Fund is the fund into which all State revenues, not otherwise restricted by statute, are deposited and from which appropriations are made. The largest part of the total financial operations of the State is accounted for in the General Fund. Revenues received from most taxes, federal revenues, and certain miscellaneous revenue items are recorded in the General Fund.

The Property Tax Relief Fund accounts for revenues from the New Jersey Gross Income Tax. Revenues realized from the Gross Income Tax are dedicated by the State Constitution. All receipts from taxes levied on personal income of individuals, estates, and trusts must be appropriated exclusively for the purpose of reducing or offsetting property taxes. In addition to the Gross Income Tax, one-half cent of the one cent increase in the sales tax effective July 15, 2006 was dedicated to property tax relief and is part of this fund. This dedication was approved by the voters in a referendum question which appeared on the ballot in November 2006. Annual appropriations are made from the fund, pursuant to formulae established by the Legislature, to individuals, counties, municipalities, and school districts.

The Casino Revenue Fund accounts for the taxes imposed on the casinos and other related activities. Appropriations from this fund must be used for reductions in property taxes, utility charges and other specified expenses of eligible senior and disabled citizens.

The Casino Control Fund accounts for fees from the issuance and annual renewal of casino licenses, work permit fees, and other license fees. Appropriations are made to fund the operations of the Casino Control Commission and the Division of Gaming Enforcement.

The Gubernatorial Elections Fund is used to account for receipts from the one dollar designations on New Jersey Gross Income Tax returns. When indicated by the taxpayer, one dollar of the tax is reserved from gross income tax revenues (Property Tax Relief Fund) and credited to the Gubernatorial Elections Fund. These funds are available for appropriations pursuant to the New Jersey Campaign Contributions and Expenditures Reporting Act, as amended.

SPECIAL REVENUE FUNDS account for resources legally restricted to expenditure for specific purposes. While the Property Tax Relief, Casino Revenue, Casino Control, and Gubernatorial Elections Funds fall into this category, they are included under General State Funds as they make up an integral portion of the State's Annual Budget.

CAPITAL PROJECTS FUNDS account for financial resources used for the acquisition or construction of major capital facilities for State use.

PROPRIETARY FUNDS are used to report any activity for which a fee is charged to external users for goods and services. Activities are required to be reported as proprietary funds if laws or regulations require that the activity's cost of providing services be recovered with fees and charges.

PRIVATE PURPOSE TRUST FUNDS account for all trust fund arrangements for which principal and income benefit individuals, private organizations, or other governments.

The schedule on the following page displays the information for the General State Funds for fiscal years ending June 30.

REVENUES & EXPENDITURES

SUMMARY
ESTIMATED REVENUES, EXPENDITURES AND FUND BALANCES
(thousands)

	----- Fiscal Year Ending June 30 -----	
	2012	2013
	Estimated	Estimated
Beginning Balances July 1		
Undesignated Fund Balances		
General Fund	\$ 864,125	\$ 586,699
Surplus Revenue Fund	---	---
Property Tax Relief Fund	5,805	---
Gubernatorial Elections Fund	481	1,181
Casino Control Fund	2,759	250
Casino Revenue Fund	---	---
<i>Total Undesignated Fund Balances</i>	<u>873,170</u>	<u>588,130</u>
State Revenues		
General Fund	17,620,216	19,013,488
Property Tax Relief Fund	11,769,500	12,501,200
Gubernatorial Elections Fund	700	700
Casino Control Fund	53,103	55,094
Casino Revenue Fund	247,456	287,022
<i>Total State Revenues</i>	<u>29,690,975</u>	<u>31,857,504</u>
Other Adjustments		
General Fund		
Balances lapsed	466,333	---
From/(To) Property Tax Relief Fund	(13,221)	---
From/(To) Gubernatorial Elections Fund	---	(4,319)
Property Tax Relief Fund		
Balances lapsed	78,543	---
From/(To) General Fund	13,221	---
Gubernatorial Elections Fund		
Balances lapsed	---	---
From/(To) General Fund	---	4,319
Casino Control Fund		
Balances lapsed	250	---
From/(To) General Fund	---	---
Casino Revenue Fund		
From/(To) General Fund	---	---
<i>Total Other Adjustments</i>	<u>545,126</u>	<u>---</u>
<i>Total Available</i>	<u>31,109,271</u>	<u>32,445,634</u>
Appropriations		
General Fund	18,350,754	19,295,868
Property Tax Relief Fund	11,867,069	12,501,200
Gubernatorial Elections Fund	---	6,200
Casino Control Fund	55,862	55,344
Casino Revenue Fund	247,456	287,022
<i>Total Appropriations</i>	<u>30,521,141</u>	<u>32,145,634</u>
Ending Balances June 30		
Undesignated Fund Balances		
General Fund	586,699	300,000
Surplus Revenue Fund	---	---
Property Tax Relief Fund	---	---
Gubernatorial Elections Fund	1,181	---
Casino Control Fund	250	---
Casino Revenue Fund	---	---
<i>Total Undesignated Fund Balances</i>	<u>\$ 588,130</u>	<u>\$ 300,000</u>

HUMAN SERVICES

DEPARTMENT OF HUMAN SERVICES OVERVIEW

Mission and Goals

The Department of Human Services (DHS) provides services designed to protect, assist and empower economically disadvantaged individuals and families, and people with disabilities to achieve a better quality of life. The department engages in collaborations and partnerships with federal, state and community-based organizations to maximize resources and provide a seamless array of services statewide. We promote accountability, transparency and quality in all that we do.

Goals

The New Jersey Department of Human Services (DHS), the State's social services and health care agency, serves about 1.5 million people, or approximately one in eight New Jersey residents. With an array of services including cash assistance, Food Stamps, rental assistance, child care, child support and health care services, DHS assists individuals and families who are financially and food insecure. The Department operates multiple state institutions and provides community services to individuals with developmental disabilities, mental illness and addiction disorders through contracts with private agencies that provide both home and community-based services. DHS also serves individuals with hearing or vision loss and people with disabilities caused by illness or injury. Additionally, DHS administers the State's Medicaid infrastructure, which supports programs throughout State government and provides subsidized insurance to qualified adults and children. DHS is the largest agency in State government, with approximately 15,000 employees.

Budget Highlights

The Fiscal 2012 Budget for the Department of Human Services totals \$5.303 billion, an increase of \$456.0 million or 9.4% over the fiscal 2011 adjusted appropriation of \$4.847 billion. Included in this growth is the replacement of federal stimulus funding, of which \$728 million of growth is in the Department of Human Services, \$253 million is the Department of Health and Senior Services (DHSS), and \$27 million is in the Department of Children and Families (DCF). If federal stimulus funding is added to the fiscal 2011 adjusted appropriation, the overall fiscal 2012 budget recommendation would be \$176.7 million or 3.2% lower than fiscal 2011.

In the Division of Medical Assistance and Health Services (DMAHS), the fiscal 2012 budget recommendation contains the following program modifications and savings initiatives: \$225 million (and an additional \$75 million in the Department of Health and Senior Services) in savings from a comprehensive waiver that would allow the State to redesign and manage its Medicaid program in a manner that creates efficiencies and better management of care; \$41.4 million in savings from mandating that most Medicaid clients enroll into managed care, and moving certain services (excluding long-term care and behavior health) into managed care coverage; \$13 million for no longer covering the Medicare Part D co-payments and non-formulary drugs for clients who are dually-eligible for Medicare and Medicaid; and, \$4 million by eliminating coverage for certain clients who exceed Medicaid and Children's Health Insurance Program (CHIP) income eligibility; and whose costs are not federally matched.

The budget includes new distribution formulas for Graduate Medical Education and Hospital Relief, moving them closer to an objective, utilization based standard. State funding for the Graduate Medical Education program is increased by \$15 million over the fiscal 2011 level. This increase, when combined with additional funding for Charity Care within the Department of Health and Senior Services, will provide a net increase in State hospital funding of \$20 million.

In the Division of Family Development, the General Assistance Program is being restructured. There will be a small reduction to the

base welfare grant, an 18 month limit on emergency assistance and new applicants will be required to undergo a job search and, as appropriate, substance abuse treatment during an initial evaluation period.

The fiscal 2012 budget enhances the Division of Developmental Disabilities' community infrastructure by providing \$8.1 million for new community residential placements to facilitate the closure of the Vineland Developmental Center by the end of fiscal 2013. Additional funding of \$4.5 million is also provided to place clients transitioning from the division's other institutions into community settings, consistent with the US Supreme Court's Olmstead decision. Finally, the budget increases funding by \$7.8 million for clients requiring emergency residential placements, placement of 113 clients on the division's Waiting List, and services for those who have completed their educational programs within their local school districts and require day program services.

In the Division of Mental Health and Addiction Services, the fiscal 2012 budget provides \$5 million to develop new community residential settings for patients discharged from state mental health hospitals, consistent with US Supreme Court's Olmstead decision and a settlement agreement reached in connection with an Olmstead-based lawsuit. Additional funding is provided that will enable the Division to begin development of the community resources required to initiate the Involuntary Outpatient Commitment, established via legislation passed in 2009. Savings of \$9 million is included from the expected closure of one of the five State psychiatric hospitals by the end of fiscal 2012. State Aid to the county psychiatric hospitals is reduced by \$13.1 million due to lower rates approved by the State House Commission reflecting lower reported costs.

Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) provides funding for a wide range of day, residential, and family support services in the community for eligible New Jersey residents with developmental disabilities. These services are provided through contracts with approximately 300 provider agencies and more than 600 individuals who are licensed to provide residential services in their homes. DDD also operates several residential developmental centers, serving approximately 2,600 people. Currently, more than 40,000 New Jersey residents are receiving community-based DDD-funded services.

DDD is committed to providing the most appropriate services to the individuals it serves, through: the expansion of community supports and services, limiting out-of-state residential placements and helping individuals remain at home with their families for as long as possible. The Division also is committed to moving individuals from the developmental centers to appropriate placements in the community through the Olmstead Initiative.

Division of Medical Assistance and Health Services

Through the Medicaid and NJ FamilyCare programs, the Division of Medical Assistance and Health Services (DMAHS) strives to provide New Jersey's uninsured residents with access to health care. Currently, more than 1.3 million people receive services through DMAHS, including 975,000, or approximately 75% of the total, who receive health care coverage through one of four different health maintenance organizations (HMOs). Beginning in fiscal 2012, most of the remaining 25% of recipients that are currently not covered by an HMO will be mandated to enroll in managed care.

A significant portion of the Medicaid budget is devoted to covering prescription drug costs for fee-for-service clients, those enrolled in Medicaid Managed Care plans or the NJ FamilyCare program and long-term care prescription drugs.

HUMAN SERVICES

Division of Family Development

The Division of Family Development (DFD) provides resources and support to residents who are financially and food insecure through the State's welfare program, Work First New Jersey, Child Support and Child Care Programs.

DFD facilitates the efforts of people who are transitioning from welfare to work or struggling economically by providing nutritional assistance, child care subsidies, rental and emergency housing assistance and kinship services.

In addition, DFD is charged with providing training, funding, information management, and administrative support to the counties, contracted community providers and other governmental agencies responsible for administering programs for New Jersey's citizens in need.

Division of Mental Health and Addiction Services

The Division of Mental Health and Addiction Services (DMHAS) operate five psychiatric hospitals to serve persons with mental illness who have been screened and legally committed to a state facility for in-patient mental health treatment. These facilities include four general adult psychiatric hospitals as well as the Ann Klein Forensic Center in Mercer County, which provides forensic psychiatric services and is located on the grounds of Trenton Psychiatric Hospital. Combined, the five hospitals serve approximately 1,700 people. The Division also provides treatment services to the state's sexually violent predator population in coordination with the Department of Corrections.

DMHAS also provides State Aid to support indigent patients in six county-operated facilities in Bergen, Burlington, Camden, Essex, Hudson, and Union counties.

DMHAS is responsible for regulating, licensing, monitoring, planning, and funding mental health and substance abuse prevention, treatment, and recovery support services in New Jersey. The Division plans, coordinates, and contracts with community provider agencies to ensure that a wide array of community-based mental health and substance abuse services are available to consumers and their families, including prevention/early intervention activities, emergency/screening services, outpatient counseling, partial and day treatment services, case management, residential and supported housing, jail diversion services, family support, self-help centers and supported employment.

DMHAS is committed to pursuing its Olmstead implementation plan entitled, "Home to Recovery."

Division of Disability Services

The Division of Disability Services provides information and referral assistance to people of all ages with disabilities and their families who are seeking help in locating community services and supports. The Division administers Medicaid personal care assistant services providing daily living support to children and adults with functional limitations and oversees three Medicaid home and community-based waiver programs, which enable people with disabilities to live in the community. In addition, the Division is the State's lead agency for brain injury services and administers the New Jersey Traumatic Brain Injury Fund.

Commission for the Blind and Visually Impaired

The New Jersey Commission for the Blind and Visually Impaired (CBVI) promotes and provides services in the areas of education, employment, independence and eye health through informed choice and partnership with persons who are blind or visually impaired, their families and the community.

The Commission recognizes three core priorities in carrying out this mission, which are (1) providing specialized services to persons with vision problems, (2) educating and working in the community to reduce the incidence of vision loss and (3) improving attitudes concerning people with vision loss.

CBVI works to provide or ensure access to services that will enable consumers to obtain their fullest measure of self-reliance and quality of life.

Division of the Deaf and Hard of Hearing

The Division of the Deaf and Hard of Hearing (DDHH) serves deaf, hard of hearing, deaf-blind and people with speech disorders. Services include an information and referral center which provides resources to the public about hearing loss and technical assistance workshops related to hearing loss to private, public and governmental agencies. The Division provides awareness of specialty adaptive telecommunication and home safety equipment through its two assistive technology device demonstration centers, an Equipment Distribution Program for low income families and manages a Statewide Communication Access Referral Services program which maintains a list of qualified sign language interpreters and captioners able to provide communication access services for the deaf and hard of hearing. DDHH also actively promotes the development of qualified sign language interpreters by operating the Interpreter Screening Program.

DEPARTMENT OF HUMAN SERVICES

SUMMARY OF APPROPRIATIONS BY FUND (thousands of dollars)

Year Ending June 30, 2010					Year Ending June 30, 2012		
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	2011 Adjusted Approp.	Requested	Recom- mended
GENERAL FUND							
479,820	133,078	28,208	641,106	610,511	567,250	633,580	633,580
3,429,957	320,434	24,543	3,774,934	3,638,461	3,543,092	4,020,224	4,020,224
494,540	6	-181	494,365	490,299	606,482	519,039	519,039
---	10,212	---	10,212	5,342	---	---	---
4,404,317	463,730	52,570	4,920,617	4,744,613	4,716,824	5,172,843	5,172,843

EXHIBIT G

Division of Mental Health & Addiction Services
wellnessrecoveryprevention
laying the foundation for healthy communities, together

OFFICE DESCRIPTIONS

The Office of the Assistant Commissioner

- DMHAS is the single state authority for mental health and substance abuse disorders with a budget that exceeds \$900 million, employs over 5,000 and serves approximately 250,000 New Jersey residents
- Responsible for the coordination, administration, management and supervision of the institutional and community public mental health system, and is also responsible for regulating, monitoring, planning and funding substance abuse prevention, treatment and recovery support services
- Operates five psychiatric hospitals, one of which is a forensic center, and monitors inpatient services provided by public hospitals and psychiatric units in local general hospitals with which the Division contracts
- Contracts with approximately 280 private non-profit agencies for community mental health and addiction services

The Office of Disaster and Terrorism

- Responsible for activating the state's mental health disaster response plan, in coordination with the NJDHS Emergency Social Services Coordinator and the New Jersey Office of Emergency Management, during a declared disaster
- Each New Jersey county also maintains a county-specific all hazards mental health disaster plan
 - During times of disaster, the county's plan can also be activated by the County Mental Health Administrator in coordination with the County Office of Emergency Management and in collaboration with the State partners

The Office of Fiscal and Management Operations

This office is responsible for all of the Division's fiscal operations including:

- Preparation of the budget request
- Preparation and monitoring of Central Office CO (including regions), community and hospital spending plans
- Administering third party contracting system
- Administering reimbursement of county hospitals

- Administering fiscal aspects of federal and other grants
- Developing initiatives to maximize non-State support of services
- Developing various Federal claims
- Administering internal control self assessment process
- Developing and maintaining Division cost allocation plan (CAP)
- Various procurement and accounting functions

The Office of State Hospital Management

This office coordinates and oversees the operation of all State Psychiatric Hospitals working to provide a safe, therapeutic environment as the patients are prepared to reintegrate back to the community. The hospitals are:

- Ancora Psychiatric Hospital in the Southern Region
- Trenton Psychiatric Hospital in the Central Region
- Greystone Park Psychiatric Hospital in the Northern Region
- Ann Klein Forensic Center (AKFC) for Legal Patients Statewide
- Hagedorn Psychiatric Hospital is being downsized in preparation of closing by June 30, 2012
- Centralized Admissions Unit coordinating all admissions statewide except AKFC

The Office of Legal and Regulatory

The legal office supports central office, regional and hospital staff in functioning within the regulations and the law, specifically undertaking to:

- Problem solve with issues that present through the civil commitment process
- Explain, advise and assist with legal requirements for treatment and programs
- Assist the Attorney General's staff with legal requests
- Negotiate and draft legislative initiatives, draft or coordinate the production of comments on proposed legislation
- Provide advice to the executive staff on new federal and state legal requirements and standards
- Coordinate representation of employees in tort claims against the State
- Advise and assist community providers in complying with licensing requirements both from addictions and from the perspective of mental health community providers
- Create necessary regulations for both addictions and mental health and align both with the new integrated clinical functions and legal requirements
- Support any required initiatives that come out of the Medicaid Waiver and the approval of any additional managed care initiatives
- Review potential conflicts of interest and compliance with ethics laws

EXHIBIT H

Lynn A. Kovich
Assistant Commissioner

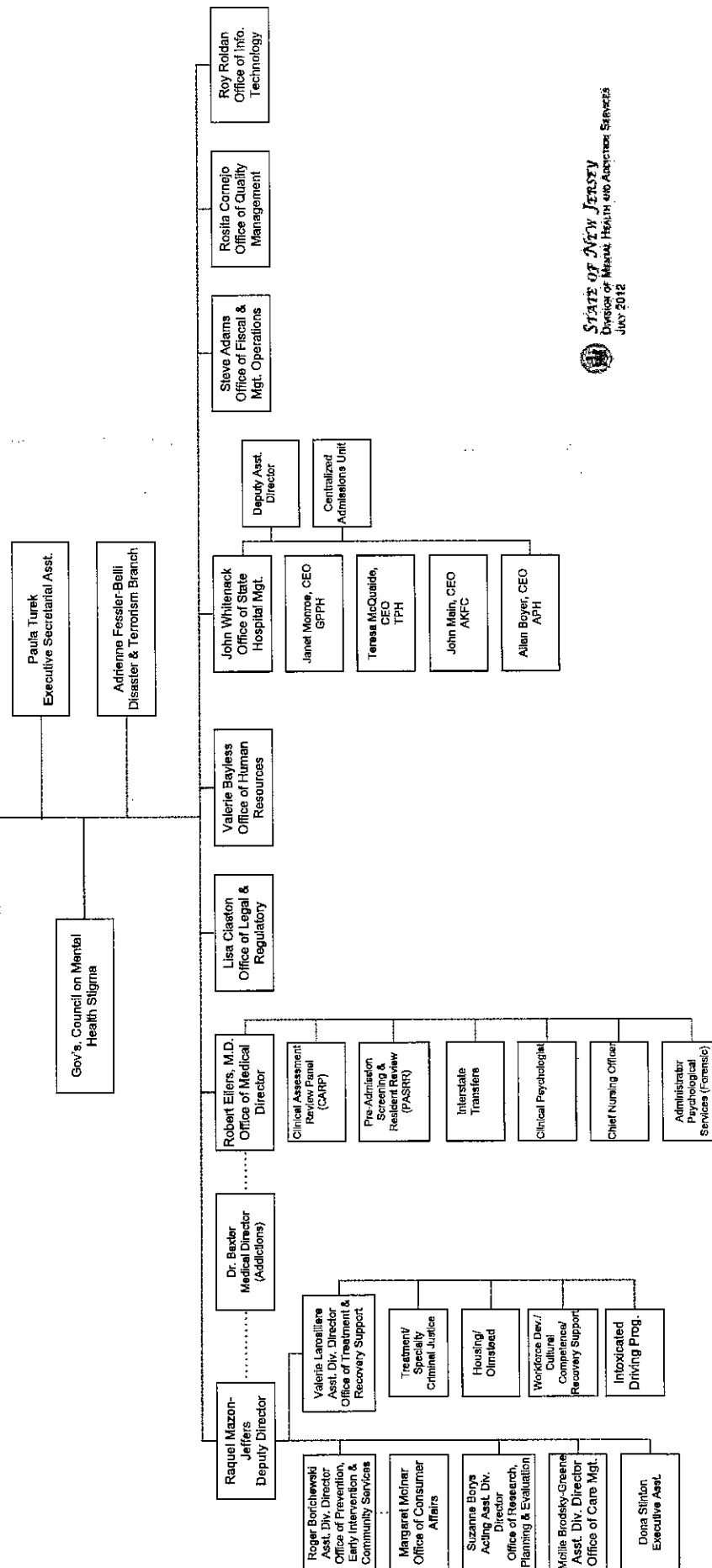


EXHIBIT I

STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MENTAL HEALTH SERVICES

- ▶ DHS Home
- ▶ Division of Mental Health Services Home
- ▶ Services & Resources
- ▶ Consumer Information
 - ▶ Reporting State Hospital Abuse, Neglect, Safety or Quality Concerns
 - ▶ Wellness & Recovery
- ▶ Olmstead
- ▶ Frequently Asked Questions
- ▶ Disaster & Terrorism Branch
- ▶ **Office of State Hospital Management (OSHM)**
 - ▶ OSHM Director Bio
 - ▶ OSHM Initiatives
 - ▶ Ancora Psychiatric Hospital
 - ▶ Ann Klein Forensic Center
 - ▶ Greystone Park Psychiatric Hospital
 - ▶ Senator Garrett W. Hagedorn Psychiatric Hospital
 - ▶ Trenton Psychiatric Hospital
 - ▶ Marlboro Psychiatric Hospital
 - ▶ Hospital Census & Admissions Data
 - ▶ Nursing Services in Mental Health hospitals
- ▶ News, Publications, Reports & Resources
- ▶ Information for Providers & Stakeholders: Contracts, Legal Notices
- ▶ Assistant Commissioner, Key Staff & Contact Information
- ▶ Public Advisory Boards, Commissions & Councils
- ▶ Alerts & Current Issues

DHS Home > Division of Mental Health Services > Office of State Hospital Management (OSHM)

Office of State Hospital Management (OSHM)

The Office of State Hospital Management (OSHM) was created in August, 2006 by then Assistant Commissioner for DMHS, Kevin Martone, in order to transform state hospitals into a truly cohesive system of care.

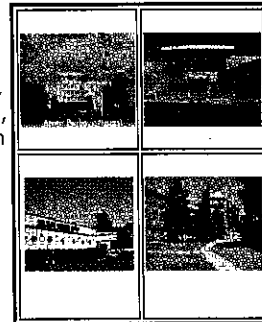
OSHM operates four psychiatric hospitals ([Ancora](#), [Greystone Park](#), [Trenton](#), [Ann Klein Forensic Center](#)), one of which is a forensic center.

Our goal is to ensure that the four adult hospitals function in a similar manner. Some examples include organizational structure (e.g., Tables of Organization), provision of active treatment, census reduction efforts, implementation of evidence-based practices, reduction of violence and workforce development initiatives.

The OSHM can be reached by mail addressed to: DMHAS, OSHM, P.O. Box 727, Trenton, NJ 08625-0727; by phone @ (609) 777-0677; or you may click [here](#) to send an e-mail.

More Information

[Centralized Admissions Staff](#)



To report patient abuse at a state hospital, call the Patient Services Compliance Unit (PSCU) at 888-490-8413 ([click here](#) for more information).

Follow this link for information on [Reporting concerns](#) about patient care and safety in the state hospitals.

If you or someone you know is in emotional crisis and in need of immediate mental health care, please contact the available [screening services](#) in their county. You may also call 911 for assistance from your local police or go to the nearest emergency room.

Visit [To Receive Services](#) for additional information on screening services and for other available mental health services within the Public Mental Health System.

State hospital census data and other statistics are available on our state hospital [data page](#).

You are invited to call (732) 940-0991 or visit the National Alliance for the Mentally Ill in New Jersey (NAMI) [website](#), to learn more about NAMI, which offers self help and advocacy for families of people with serious mental illnesses.

Senator Garrett W. Hagedorn Psychiatric Hospital Medical Records

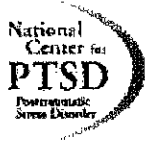
[Senator Garrett W. Hagedorn Psychiatric Hospital](#) (HPH) closed on June 30, 2012. Information related to HPH Medical Records, liens, or other Patient Account Information may be obtained by contacting:

Julia Tirado-Tyson
 Office of State Hospital Management
 Division of Mental Health and Addiction Services
 P.O. Box 727
 Trenton, NJ 08625-0727
 Phone: (609) 777-0677
 Fax: (609) 7770662



New Jersey
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Marlboro Psychiatric Hospital Medical Records

Marlboro Psychiatric Hospital (MPH) closed June 30, 1998. Information related to MPH Medical Records, liens, or other Patient Account information may be obtained as listed below.

Marlboro Psychiatric Hospital Medical Records:

Trenton Psychiatric Hospital
Dept. of Medical Records
Attn: Marlboro Hospital Records Request
P.O. Box 7500
Sullivan Way
Trenton, NJ 08628

Phone: (609) 633-1547
Fax: (609) 633-8590

Marlboro Psychiatric Hospital Patient Accounts Records:

Rita Rose
Division of Mental Health Services
P.O. Box 727
Trenton, NJ 08625-0727
Phone: (609) 777-0663
Fax: (609) 777-0835

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